Health and Social Indicator Report:
Spokane Counts 2002

Guidance for Report

- Purpose of Report
- Principles for Selection
- Executive Team Experience
- Staff Focus Group Themes
- National, State, and Local Indicator Experience

Purpose: The Spokane Regional Health District's "Spokane Counts 2002" project will identify at least 50 key health and social indicators that will measure the health of our community. The goals of Spokane Counts 2002 are to identify indicators that give an overview of the *health status of our community and some individual risk behaviors* contributing to health outcomes; determine priority health issues and the populations impacted; measure trends over time; compare us with others to see how we fare; direct health interventions to areas of greatest need; garner support for health policies; educate the public and policymakers; and celebrate our successes. The assessment will provide a mechanism to monitor the community's health long term and identify the health areas, geographic pockets, and populations where public health is doing well or areas needing work. *These measures are specific to areas that can be impacted by public health.*

PRINCIPLES FOR INDICATOR SELECTION:

Overall set of indicators gives whole picture of health and social well-being of community:

1. Prevention-focused for long term change
2. Population-based, focused on community
3. Trend data available to measure change, not ruling out indicators without data available
4. *Based on improving public health services (assurance function)*
5. *Does not use service utilization as a measure and is not a public health strategy/activity to improve health issue.* (These measures may be more for program outcomes)
6. Links to local, state, and national direction (WSDOH Standards and Indicators, Healthy People 2010)
7. Scientific, research-based (valid, reliable, understandable)
8. Measures consistent with other measures for comparison (peer counties, state, and national)
9. *Measures health outcomes and risk behaviors in community.*
   Who are we and what do we bring to the table?
   What are the strengths and risks in our community that contribute to health?
   What is our health status?
10. Each indicator will have geographic detail and demographic detail (age, gender, race/ethnicity, education, and income level), if available

Staff Focus Group Themes*:

Behavioral Risk Factors

1. Exercise/sedentary
2. Hygiene (hand washing)
3. Nutrition (value during lifespan)
4. Obesity
5. Safety measures (child safety seats, helmets, seatbelts)

Communicable Disease/Sentinel Events

6. All reportable communicable diseases
7. Immunizations

Death, Illness, and Injury

8. Intentional/unintentional injury (drowning, pedestrian, SIDS, falls, poisoning, suicide, homicide, motor vehicle)
9. Mortality/morbidity
10. Oral health

Environmental Health

11. Air quality
12. Fluoridation
13. Food safety
14. Land use (sanitation, sewage)
15. Safety (playgrounds, homes, childcare)
16. Toxic chemicals/materials (lead, asbestos, smoke)
17. Water quality (drinking and recreational)

Health Resource Availability/Access

18. Access to mental health, dental, primary care, drug treatment services
19. Affordable, quality childcare
20. Barriers to accessing care (equal access, childcare, transportation, interpreters, waiting lists)
21. Food (access)
22. Housing (access and standards)
23. Quality of healthcare

Maternal and Child Health

24. Age at conception/birth (teens, middle age women)
25. Attachment/bonding of parent/child (parenting)
26. Family planning (contraception)
27. Low birth weight
28. Prenatal care
29. Unintended Pregnancies

Quality of Life

30. Hope for the future
31. Mobility of families

32. Sense of security/safety
33. Sense of well-being

Social and Mental Health

34. Child abuse/neglect
35. Crime
36. Domestic violence
37. Mental health
38. Substance misuse (tobacco, alcohol, illegal (including meth), during pregnancy, adolescents)
39. Violence/gangs

Socioeconomic Measure

40. Poverty (associated with all issues of socioeconomic health, such as lack of insurance, lack of education, disabilities, unemployment, and more)

*Organized into nine core population health areas which come from a national reference tool, called *Mobilizing for Action through Planning and Partnership (MAPP)*, that enables communities to develop indicators specific to public health.